STATE OF MARYLAND—CERTIFICATE OF DEATH

BC 12072

1. PLACE OF DEATH 172

County Queen Annes Registration Dist. No. 253

Village or City Chesapeake Bay No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Gordon Ross Baker

(a) Residence: No. 2614 Garrett Ave., Balto, Md. St., Ward.
(Usual place of abode)

SOCIAL SECURITY: 216-03-0337
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Freda Hallman Baker

6. DATE OF BIRTH (month, day, and year): May 29 - 1916

7. AGE: Years 24 | Months 5 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Asst Foreman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Glenn Martin

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Thomas P. Baker

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Mabel Tardwell

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT (Address): Freda Hallman Baker (Wife) 2614 Garrett Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Cem Date: 1/11, 1940

19. UNDERTAKER (Address): Chas F. Evans Son Inc 118 W. Mt. Royal Ave

20. FILED 1/10, 1940 F. C. Thomas Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 17 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h aliva on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Asphyxia	

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/17, 1940

Where did injury occur? Chesapeake Bay (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Near Sandy Point

Manner of injury Capsizing of boat

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Samuel J. Price M. D.

(Address) Tuckerhoven

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Copy

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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JAN [illegible] 1941
BUR[illegible] U. S.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other **contributory causes** of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other **contributory causes** of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83-a)

11834

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:
County: Queen Anne
City or town: Mr Centreville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 51 years
Hospital, Institution, or street address where death occurred:
Now long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Queen Anne
City or town: Mr Centreville
(If outside city or town limits, write RURAL and give nearest town)
Street No. ✓
(If rural, give LOCATION)
2.(a) If veteran, name war ✓

3. (a) FULL NAME: Catherine Shortall Connally
3. (b) Social Security Number ✓

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: Michael L. Connally
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): Nov 17 - 1841

8. AGE: Years 98 | Months 11 | Days 28 | If less than one day ..... hrs. ..... min.

9. Birthplace: Ireland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: "
FATHER
12. Name: Michael Shortall
13. Birthplace: Ireland
MOTHER
14. Maiden name: Miss Hogan
15. Birthplace: Ireland
16. Informant: George V. Connally
Address: Centreville, Md
17. Burial (Burial, cremation, or removal, Which?) Date thereof: Nov 16-40 (month) (day) (year)
Cemetery or crematory: St Joseph
Location: Mr Cordova - Md
18. Funeral director: Barton Bro
Address: Centreville, Md
19. Nov. 15 - 1940 (Date rec'd by registrar) Maurice S. Bright Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11-13 1940, at 11 30/9 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 21 1940, to 11-13 1940
and that I last saw her alive on 11-12 1940
Immediate cause of death: Bronch-Pneumonia
Due to: Paralysis A. Lite
Due to: Cerebral hemorrhage; 8 days. C.W.G.R.
Other conditions: Senility
(Include pregnancy within 3 months of death)
Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: H. F. McPherson M. D. or other
Address: Centreville, Md Date signed 11-14-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122-b)

11835

CERTIFICATE OF DEATH

Reg. Dist. No. 250

1. PLACE OF DEATH:

County Queen Anne's

City or town Rural Near Pondtown, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 25 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne's

City or town Rural Near Pondtown, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME May Benson Cooper

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Negro

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~ Perry Cooper

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) May 3, 1888

8. AGE: Years 52 | Months 6 | Days 8 | If less than one day ___ hrs. ___ min.

9. Birthplace (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Stephen Benson

13. Birthplace Md.

MOTHER

14. Maiden name Dont Know

15. Birthplace

16. Informant Perry Cooper

Address Chestertown Md.

17. Fountain Cem. Date thereof Nov. 14. 1940 (month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director W. A. Berry. Jr.

Address Milford Del.

19. 11/23 1940 C. W. Anderson

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 11, 1940, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 28 1940, to Nov. 11 1940, and that I last saw her alive on November 6, 1940.

Immediate cause of death Intestinal Obstruction Cachexia

Due to Post-operative Adhesions found, at operation. No cancer was found. A.W.G.R.

Due to

Other conditions Secondary Anemia

(Include pregnancy within 3 months of death)

Major findings:

Of operations Dense Abdominal Adhesions with Partial Intestinal Obstruction May 3, 1940.

Of autopsy

DURATION: 9 mos. / 25 yrs. / ?

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Joseph M. George, Jr. M.D. M. D. ~~or other~~

Address Sudlersville, Md Date signed 11/11/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11836
251
Reg. Diat. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: County: Queen Anne's; City or town: Church Hill (If outside city or town limits, write RURAL and give nearest town); How long in above place of death? 3 months; Hospital, institution, or street address where death occurred: ✓; How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboro infants give residence of mother) State: Md. County: Queen Anne's; City or town: Church Hill (If outside city or town limits, write RURAL and give nearest town); Street No. (If rural, give LOCATION) ✓; 2.(a) If veteran, name war

3.(a) FULL NAME: George Franklin De Grange

3.(b) Social Security Number: ✓

4. Sex: Male | 5. Color or race: White | 6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Irene B. De Grange; 6.(c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): Aug 12 - 1865

8. AGE: Years: 75 | Months: 3 | Days: 11 | If less than one day: hrs. min.

9. Birthplace: Martinsburg - W. Va. (Town, county, and state)

10. Usual occupation: General Salesman

11. Industry or business: Wholesale Dry Goods

FATHER
12. Name: George De Grange
13. Birthplace: Frederick - Md

MOTHER
14. Maiden name: Miss Wolfe
15. Birthplace: Do not Know

16. Informant: Mrs Irene De Grange; Address: Church Hill - Md

17. Burial, cremation, or removal? Which?: Burial; Date thereof: Nov 26-40 (month) (day) (year)

Cemetery or crematory: Greenmount

Location: Baltimore Md

18. Funeral director: Barton Bros

Address: Centreville, Md

19. Nov. 24 1940 (Date rec'd by registrar); W. H. Good, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 23 1940, at 9-30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 23 1940, to Nov. 23 1940 and that I last saw h... alive on Nov. 23 1940

Immediate cause of death	DURATION
Coronary Occlusion -	
Due to: Myocarditis + arterio-sclerosis	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ... Injured at work?

23. SIGNATURE: W. Henry Fisher, M. D. or other

Address: Centreville Md. Date signed: 11-24-40

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DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-P)

11837

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County: Queen Anne

City or town: Brownsville, Mc Centreville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Queen Anne

City or town: Centreville R.F.D.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: no

3.(a) FULL NAME: Richard M. Dill

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widowed

6.(b) Name of husband ~~or wife~~: Margaret Morris

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct 15 – 1868

8. AGE:

Years	Months	Days	If less than one day
71	11	8	..... hrs. ..... min.

9. Birthplace: Queen Anne's Co. Md
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Adam Dill
13. Birthplace: Queen Anne Co. Md

MOTHER
14. Maiden name: Mary Freiby
15. Birthplace: Do not know.

16. Informant: Elizabeth Griffin
Address: Centreville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 9-40 (month) (day) (year)

Cemetery or crematory: Brownsville Cemetery

Location: Brownsville Mc Centreville, Md

18. Funeral director: Burton Bros
Address: Centreville. Md

19. Nov. 9 – 1940 (Date rec'd by registrar) Mamie S. Bright, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11-7- 1940, at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from saw once 11-6-40 and that I last saw him alive on 11-6- 1940

Immediate cause of death	DURATION
Uremia with ~~Chron~~ Convulsions	3 days
Due to Chronic nephritis	1 yr.
Due to Chronic myocarditis	4-5 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: no

Date of op.: no

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: J. A. McLallum MD, M.D. or other

Address: Centreville Md Date signed: 11-8-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

CEIVED
DEC 5 1940
U. S.

11838

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH:

County Queen Annes

City or town Stevensville Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all her life

Hospital, institution, or street address where death occurred:

Now long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Queen Annes

City or town Nr Stevensville
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name wer

3.(a) FULL NAME Annie Green

3.(b) Social Security Number

4. Sex: Female
5. Color or race: Colored
6.(a) Single, married, widowed, or divorced: Widow

6.(b) Name of husband or wife: John Green
Deceased

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Dec. 20-1870

8. AGE: Years 69 | Months 10 | Days 25 | If less than one day ... hrs. ... min.

9. Birthplace: Kent Island, Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Charles Robinson
13. Birthplace: Kent Island. Md

MOTHER
14. Maiden name: Unknown
15. Birthplace: "

16. Informant: Wm H. Conley
Address: Centreville Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Nov. 17-40
(month) (day) (year)

Cemetery or crematory: Cemetery

Location: Nr Stevensville

18. Funeral director: F. C. Thomas
Address: Stevensville Md

19. Nov. 17 1940 F. C. Thomas
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 15 1940, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18 1939, to Nov. 15 1940
and that I last saw her alive on Nov. 15th 1940

Immediate cause of death: Arteriosclerosis — DURATION: about 3 years

Due to: chronic interstitial nephritis — 2 years

Due to: endocarditis mitralis chronica — 1½ years

Other conditions: general obesity (Pituitary type)
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Theodor Sattelmaier
M. D. or other

Address: Stevensville Date signed Nov. 15. 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

CEIVED
DEC 6 1949
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

11839

Reg. Dist. No. 254

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Queen Anne
City or town Queenstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME (still born) Hadrick

3. (b) Social Security Number none

4. Sex MALE

5. Color or race Col'd

6. (a) Single, married, widowed, or divorced single

6 (b) Name of husband or wife None

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 2-1940

8. AGE: Years 0 Months 0 Days 0 If less than one day hrs. min.

9. Birthplace Queenstown - Q.A. - Md.
(Town, county, and atate)

10. Usual occupation none

11. Industry or business

FATHER
12. Name John Hadrick
13. Birthplace Q.A. Co. - Maryland

MOTHER
14. Maiden name Elizabeth Wilson
15. Birthplace Q.A. Co. - Maryland.

16. Informant John Hadrick
Address Queenstown - Md.

17. Burial Date thereof Nov. 3-1940
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory at home
Location Queenstown - Md.

18. Funeral director John Hadrick
Address Queenstown - Md.

19. Nov. 3 1940 - Helen M. Aldridge
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 2 1940, at 7:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death — DURATION

Due to Still birth

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Helen M. Aldridge M. D. or other
Local Registrar
Address Queenstown - Md. Date signed 11-3-40

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DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

11840

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County: Queen Anne

City or town: Church Hill
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Queen Anne

City or town: Church Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John Emory Harrison

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Clara Harrison

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): August 14, 1868

8. AGE: Years 72 | Months 2 | Days 18 | If less than one day ____ hrs. ____ min.

9. Birthplace: Queen Anne Co. Md.
(Town, county, and state)

10. Usual occupation: Farm laborer

11. Industry or business

FATHER
12. Name: Wm. Harrison
13. Birthplace: Maryland

MOTHER
14. Maiden name: Phyllis Hynson
15. Birthplace: Maryland

16. Informant: John Harrison
Address: near Barclay Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 4, 1940 (month) (day) (year)

Cemetery or crematory: Family Burying ground

Location: near Church Hill

16. Funeral director: Wm. H. Good
Address: Church Hill

19. Nov. 3 1940 (Date rec'd by registrar) W. H. Good Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 2 1940, at 10 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: fracture base skull, fractured pelvis.

Due to

Due to

Other conditions: fracture left femur
Comp fracture left humerus
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of 11-2-40

Where did injury occur? State Highway (City or town) Church Hill (County) Qa. Md (State)

Injured at home, farm, industry, public place (where?)

Means of injury: struck by automobile bit & run driver. Injured at work? no

23. SIGNATURE: Samuel Price MD
Deputy med. examiner M. D. or other

Address: Queenstown Date signed 11-3-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11841

(97)

Reg. Diat. No. 254

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Queen Anne
City or town: Grasonville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne
City or town: Grasonville (rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Francis Henry Higdon

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Winnie Clifton Higdon
6.(c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): Apr 5 - 1879

8. AGE:

Years	Months	Days	If less than one day
61	7	6	....hrs. ....min.

9. Birthplace: Baltimore (Town, county, and state)
10. Usual occupation: Waterman
11. Industry or business: Oysterman & Fishing
FATHER 12. Name: Thos. E. Higdon
13. Birthplace: Balto Md
MOTHER 14. Maiden name: Fannie Price
15. Birthplace: England
16. Informant: Mrs Francis H. Higdon
Address: Grasonville, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 24-'40 (month) (day) (year)
Cemetery or crematory: Christ Church
Location: Centreville, Md
18. Funeral director: Barton Bros
Address: Centreville, Md
19. Nov. 23 1940 (Date rec'd by registrar) Helen M. Adkins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 21st 1940 at 4 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1st 1940 to Nov. 21 1940
and that I last saw h.... alive on Nov. 16th 1940

Immediate cause of death	DURATION
Acute Dilatation of the heart.	
Due to	
Due to Chronic Nephritis.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: H. J. McPherson M. D. or other
Address: Centreville Date signed 11-22-'40

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-e)

11842

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:
County Queen Anne
City or town near Centreville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Queen Anne
City or town near Centreville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR Nov

3. (a) FULL NAME Not Named. Kennedy

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 27-1940

8. AGE: Years | Months | Days | If less than one day: 14 hrs. min.

9. Birthplace near Centreville (Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Jeremiah Kennedy
13. Birthplace Md.

MOTHER
14. Maiden name Louise Smith
15. Birthplace Md

16. Informant Jeremiah Kennedy (Father)
Address Centreville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 28-1940 (month) (day) (year)
Cemetery or crematory Homes - Nr Centreville
Location Queen Anne Co. Md.

18. Funeral director Jeremiah Kennedy
Address Centreville, Md. R.F.D.

19. Nov. 28 - 1940 (Date rec'd by registrar) Mamie S. Bright Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27. 1940, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Baby was dead when I arrived at home 19 to 19, and that I last saw h alive on 19.

Immediate cause of death It was a premature baby & weak at birth - it lived 14 hours - gave a scream & died — DURATION

Due to it was never able to nurse — it was a blue baby - probably a

Due to Congenital heart Case.

This Baby was delivered by a Midwife.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. Harry Fisher M. D. or other
Address Centreville Md Date signed 11/27-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 124 E

11843

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH:
County Queen Anne
City or town Grasonville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 4 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Q. A.
City or town Grasonville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rudolph G. Kornbau

3. (b) Social Security Number

4. Sex M
5. Color or race W
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Margaret Kornbau nee Ford
6(c) If alive, give age 44 years
7. Birth date of deceased (mo., day, yr.) Oct 24-1893
8. AGE: Years 47 Months Days 22 If less than one day hrs. min.
9. Birthplace Philadelphia Pa (Town, county, and state)
10. Usual occupation Salesman
11. Industry or business Publishing
FATHER 12. Name Rudolph Kornbau
13. Birthplace Phila. Pa.
MOTHER 14. Maiden name Anna Gowsk.
15. Birthplace Phila. Pa.
16. Informant Margaret Kornbau
Address Grasonville - Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 19-1940 (month) (day) (year)
Cemetery or crematory Arlington
Location Philadelphia - Pa.
18. Funeral director Barton Bros.
Address Centreville - Md.
19. Nov. 16 1940 Helen M. Aldridge (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 15 1940, at 1:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940, to Nov 15 1940, and that I last saw him alive on Nov 15 1940.

Immediate cause of death Hypostatic Pneumonia — DURATION 2
Due to
Due to Interstitial Hepatitis — 6 mos
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Sammy Price M. D. or other
Address Queenstown Date signed 11/15/40

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

11844

Reg. Dist. No. 254

1. PLACE OF DEATH:
County: Queen Anne
City or town: Queenstown, Md R F D
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 months
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 4719 Old York Rd —
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME Carrie G. Hudson Palmer

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	widowed

6.(b) Name of ~~husband or wife~~: John A Palmer
Deceased 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan. 17- 1872

8. AGE:

Years	Months	Days	If less than one day
68	10	3	..... hrs. ..... min.

9. Birthplace: Hartford, Wisconsin
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: Andrew Peterson
13. Birthplace: Norway
MOTHER 14. Maiden name: Gertie Kittleson
15. Birthplace: Don't Know
16. Informant: Mr C. E. Hudson
Address: 4719 old York Rd, Balto. Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 23-40 (month) (day) (year)
Cemetery or crematory: Mount Olivet
Location: Baltimore. Md
18. Funeral director: Baetz Bros
Address: Centreville. Md
19. Nov. 20 1940 (Date rec'd by registrar) Helen M. Aldridge Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 20 1940, at 6 30 a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 18 1940, to Nov 20 1940
and that I last saw h.. alive on Nov 19 1940

Immediate cause of death	DURATION
Cerebral Haemorrhage	days
Due to	
Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Samuel D Price M. D. or other
Address: Queenstown Md Date signed 11/20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92B)

11845

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County Queen Anne

City or town Rural near Price
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Rural near Price Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Ellis Porter

3. (b) Social Security Number

4. Sex male

5. Color or race White

6. (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife Sally Bell Porter

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1855

8. AGE: Years 85 Months 1 Days 26 If less than one day ____ hrs. ____ min.

9. Birthplace Queen Anne Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name John W. Porter
13. Birthplace Queen Anne Co. Md.

MOTHER
14. Maiden name Mary Ann Baxter
15. Birthplace Md.

16. Informant Mr. Caspar Seney
Address Rural near Price Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 6, 1940 (month) (day) (year)

Cemetery or crematory Church Hill

Location Church Hill, Md.

18. Funeral director Wm. H. Good
Address Church Hill

19. Nov. 4 1940 (Date rec'd by registrar) W. H. Good Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov Mid 2 1940, at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1940, to Nov 2 1940 and that I last saw him alive on Oct 2 1940.

Immediate cause of death Mitral Heart Lesion

DURATION Zero

Due to

Due to

Other conditions Infirmities of age

(Include pregnancy within 3 months of death)

Major findings: ✓

Of operations ✓

Of autopsy ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ✓ Date of

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work?

23. SIGNATURE Norman S. Hudson M. D. or other

Address Church Hill Date signed Nov 2 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11846

107

Reg. Dist. No. 251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Queen Anne's

City or town: Church Hill

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 8 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Queen Anne's

City or town: Church Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Daniel Richardson Potts

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 11 1940

8. AGE:

Years	Months	Days	If less than one day
	8	6	hrs. min.

9. Birthplace: Church Hill Q. A. Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name: Albert E. Potts

13. Birthplace: Queen Anne Co.

MOTHER

14. Maiden name: Dorothy Schuyler

15. Birthplace: New Jersey

16. Informant: Albert E. Potts

Address: Church Hill

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 19, 1940 (month) (day) (year)

Cemetery or crematory: Crumpton Cem.

Location: Crumpton, Md.

18. Funeral director: Wm. H. Good

Address: Church Hill

19. Nov. 18 1940 (Date rec'd by registrar) W. H. Good Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 17 1940, at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 16 1940 to Nov 17 1940, and that I last saw him alive on Nov 16 1940

Immediate cause of death	DURATION
(a) Acute dilatation of Heart	1 hr.
Due to (b) Bronchial Pneumonia	5 days
Due to (c)	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Gordon L. Dudley M. D. or other

Address Edwards Ferry Date signed Nov 17

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DEC 6 1940
BUREAU V. S.

11847

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:
County: Queen Anne
City or town: Price
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne
City or town: Price
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Annie Sparks Price

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: John Medford Price
6.(c) If alive, give age: 78 years
7. Birth date of deceased (mo., day, yr.): Feb 21 - 1873

8. AGE: Years	Months	Days	If less than one day
67	9	9	hrs. min.

9. Birthplace: Roseville Queen Anne Co. Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: William Kent Sparks
13. Birthplace: Queen Anne Co. Md.

MOTHER
14. Maiden name: Annie Richardson
15. Birthplace: Queen Anne Co. Md.

16. Informant: Mr Francis Price
Address: Price, Maryland -

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 3-1940 (month) (day) (year)
Cemetery or crematory: Chesterfield
Location: Centreville, Md
18. Funeral director: Easton Bros
Address: Centreville, Md

19. Dec. 1 1940 (Date rec'd by registrar) W. H. Good Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 30. 1940, at 6. P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 30. 1939 to Nov 30 1940 and that I last saw h alive on Nov 29- 1940

Immediate cause of death	DURATION
Carcinoma of Liver	1 yr
Due to	
Due to	
Other conditions Thoracine Nephritis	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: no Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work? no

23. SIGNATURE: W. Henry Fisher M. D. or other
Address: Centreville Md. Date signed 12/1-1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

11848

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Queen Anne

City or town Queen Anne
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 75 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Queen Anne

City or town Queen Anne
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war Civil War

3. (a) FULL NAME Dallas M. Dee

3. (b) Social Security Number ✓

4. Sex M.

5. Color or race W.

6.(a) Single, married, widowed, or divorced Married.

6.(b) Name of husband or wife Hannah Dee

6.(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1845

8. AGE: Years 95 Months ✓ Days 0 If less than one day ..... hrs. ..... min.

9. Birthplace Hillsboro, Caroline, Md.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name John Dee
13. Birthplace Md

MOTHER
14. Maiden name Hester Ann Shepherd
15. Birthplace Md

16. Informant Hannah Dee

Address Queen Anne, Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Nov. 26, 1940
(month) (day) (year)

Cemetery or crematory Arlington National

Location Arlington Va.

18. Funeral director James A. Spence

Address Easton, Md.

19. Nov. 25 1940
(Date rec'd by registrar)

Minnie S. Bright
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 24 1940, at 11 40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 18 1940, to Nov 24 1940

and that I last saw him alive on Nov 24 1940

Immediate cause of death Lobar Pneumonia
M. Tral Regurgitation

DURATION

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Melvin H. Nichols
M. D. or other

Address Easton Md Date signed 7/24/40

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

11849

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Queen Ann County

City or town Sudlersville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State ____ County ____

City or town ____ Ward No. ____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ____

3. (a) FULL NAME Mary Reese Sparks

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John Fletcher Sparks

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 10 - 10 - 1858

8. AGE: Years 8 5 | Months 1 | Days 17 | If less than one day — hrs. — min.

9. Birthplace: Queen Ann County, Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: John Reese
13. Birthplace: Queen Ann

MOTHER
14. Maiden name: Not Known
15. Birthplace: —

16. Informant: Mrs. J. W. Paynter - Daughter
Address: Sudlersville, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 11 - 29 - 40 (month) (day) (year)

Cemetery or crematory: Sudlersville

Location: Sudlersville, Md.

18. Funeral director: Ralph H. Usilton Inc.
Address: Chestertown, Md.

19. 11/29 1940 (Date rec'd by registrar) G. W. Anderson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 27 1940, at 2:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 21 1940, to Nov 27 1940, and that I last saw him alive on Nov 26 1940.

Immediate cause of death: Cerebral Hemorrhage

Due to: Cerebral Arterial Sclerosis

Due to: Chronic Myocarditis

Other conditions: —
(Include pregnancy within 3 months of death)

Major findings: —

Of operations: —

Of autopsy: —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of ____

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) — W

Means of injury — Injured at work? —

23. SIGNATURE: C. H. Mitchell M. D. or other

Address: Sudlersville, Md Date signed Nov 27, 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940

STATE OF MARYLAND—CERTIFICATE OF DEATH

11850

(85)

1. PLACE OF DEATH

County Queen Anne Co Registration Dist. No. 250

Village or City Ludlowville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Parris Hart Sparks

(a) Residence: No. St., Ward. SOCIAL SECURITY

(Usual place of abode) ~~If nonresident give city or town and State~~

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct 12, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation All life

12. BIRTHPLACE (city or town) (State or country) Nr Duplicate Md Q A Co

FATHER

13. NAME Wm. Nathan Sparks

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Anna Susanna Hart

16. BIRTHPLACE (city or town) (State or country) Chosapeak City Cecil Co, Md.

17. INFORMANT (Address) Mrs Sarah Lane Sparks Ludlowville, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Sudlersville, Md Date Nov 14, 1940

19. UNDERTAKER (Address) Ralph H. Usilton Inc Chestertown, Md

20. FILED 11/13, 1940 C. A. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 12 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1937, to Nov 12, 1940

I last saw him alive on Nov 10, 1940; death is said to have occurred on the date stated above, at 9.45 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Cerebral Arterial Sclerosis

Date of onset

Other Contributory Causes of importance: Epilepsy — Asthenia

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. H. Whitcalf M. D.

(Address) Ludlowville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

DEC 6 1940

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN